



# **COPS Application**

Community Oriented Policing Services

[www.usdoj.gov/cops/](http://www.usdoj.gov/cops/)

## **COPS School-Based Partnerships Assessment Solicitation**

### **Application Forms**

**U.S. Department of Justice  
Office of Community Oriented Policing Services**

Updated: July 22, 1999  
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## Instructions for Completion of SF 424



The Application for Federal Assistance is a standard form used by most Federal agencies. This form contains 18 different items, which are to be completed before submission. All applications should include a completed and signed SF 424.

1.	<b>Type of Submission:</b>	If this proposal is not for construction or building purposes, check "Non-Construction."
2.	<b>Date Submitted:</b>	Indicate the date you sent the application to COPS. The "Application Identifier" is the number assigned by your jurisdiction, if any. If your jurisdiction does not assign an identifier number, leave this space blank.
3.	<b>Date Received by State:</b>	Leave blank. This block is completed by the State single point of contact, if applicable.
4.	<b>Date Received by COPS:</b>	This item will be completed by COPS.
5.	<b>Applicant Information:</b>	The "Legal Name" is the unit of government of the parent organization. For example, the primary or parent organization of a law enforcement agency is the name of the city or township. Thus the city or township should be entered into the Legal Name box and the name of the law enforcement agency would be entered into the Organizational Unit box. Designate one person as the contact and include their telephone number.
6.	<b>Employer Identification Number:</b>	Each employer receives an employer identification number from the Internal Revenue Service. Generally, this number can be easily obtained from your agency's accountant or comptroller.
7.	<b>Type of Applicant:</b>	Enter the appropriate letter in the space. If the applicant is representing a consortium of agencies, specify by checking Block N and entering "consortium."
8.	<b>Type of Application:</b>	Check either "new" or "continuation." Check new if this will be your first award for this purpose described in the application, even if the applicant has received prior awards for other purposes. Check "continuation" if the project will continue activities of a project, that was begun under a prior award.
9.	<b>Name of Federal Agency:</b>	Type in the name of the awarding agency, such as "COPS Office."
10.	<b>Catalog of Federal Domestic Assistance Number:</b>	This would be contained in the program announcement. An example would be 16._____.
11.	<b>Descriptive Title of Applicant's Project</b>	Type in the: (1) title of the program as it appears in the solicitation or announcement; (2) name of cognizant Federal agency, ex. U.S. Department of Education; and (3) applicant's fiscal year. i.e. twelve month audit period, ex: 10/1/95 - 9/30/96.
12.	<b>Areas Affected by Project:</b>	Identify the geographic area(s) of the project. Indicate "Statewide" or "National," if applicable.
13.	<b>Proposed Project Dates:</b>	Fill in the proposed begin and end dates of the project.
14.	<b>Congressional Districts:</b>	Fill in the Congressional Districts in which the project will be located as well as the Congressional District(s) the project will serve. Indicate "Statewide" or "National," if applicable.
15.	<b>Estimated Funding:</b>	On line "a," enter the Federal funds requested, not to exceed the dollar amount allocated in the program announcement. Indicate any other resources that will be available to the project and the source of those funds on lines "b-f," as appropriate.



16.	<b>State Executive Order 12372:</b>	Some states require you to submit your application to a State “Single Point of Contact (SPOC) to coordinate applications for Federal funds. If your State requires a copy of your application, indicate the date submitted. If a copy is not required, indicate the reason. The SPOC is not responsible for forwarding your application.
17.	<b>Delinquent Federal Debt:</b>	This question applies to the applicant organization. Categories of debt include delinquent audit allowances, loans, and taxes.
18.	<b>Authorized Representation:</b>	Type the name of the person legally authorized to enter into agreements on behalf of your agency. This signature on the original application must be signed in blue ink and/or stamped as “original” to help identify the original.



# Application for Federal Assistance

OMB Approval No. 0348-0043

		2. DATE SUBMITTED:	Applicant identifier:
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE:	State Applicant Identifier:
		4. DATE RECEIVED BY FEDERAL GOVERNMENT:	Federal Identifier:
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Address (give city, county, state, and zip code):		Name and telephone number of the person to be contacted on matters involving this application: (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div style="width: 45%;">           H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____         </div> </div>	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es):  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">A. Increase Award D. Decrease Duration</div> <div style="width: 30%;">B. Decrease Award Other (specify) _____</div> <div style="width: 30%;">C. Increase Duration</div> </div>		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>  TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.):			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES    If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative		b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed	

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

# Budget Worksheet



Applicant's Name: \_\_\_\_\_

OMB Approval No. 1121-0188

## A. Personnel

List title and name of each employee if available. Show annual salary rate and the percentage of time to be devoted to the cooperative agreement. Compensation paid for employees engaged in cooperative agreement activities must be consistent with that paid for similar work within the applicant's organization.

Name/Title	Computation	Cost
		Total: \$ _____

## B. Fringe Benefits

Fringe benefits should be based on actual known costs or on an established formula. Fringe benefits are for the personnel listed in budget category (A), and **only** for the percentage of time devoted to the cooperative agreement.

Name/Title	Computation	Cost
		Total: \$ _____

Purpose of Travel	Location	Item	Computation	Cost
<p><b>Total: \$</b>_____</p>				

List nonexpendable items that are to be purchased. Nonexpendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. Expendable items should be included either in the “Supplies” category or in the “Other” category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high-cost items and those subject to rapid technical advances. Rented or leased equipment should be listed in the “Contractual” category. Attach a narrative explaining how the equipment is necessary for the success of the cooperative agreement and the procurement method to be used.

Item	Computation	Cost
		<b>Total: \$</b>

Supply Items	Computation	Cost
<p><b>Total: \$</b>_____</p>		



**F. Consultants / Contracts**

*Consultant Fees:* For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$250 per day require additional justification.

Name of Consultant	Service Provided	Computation	Cost
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Subtotal: \$\_\_\_\_\_

.....  
*Consultant Expenses:* List all expenses to be paid from the cooperative agreement to each individual consultant in addition to his/her fees (e.g., travel, meals, lodging).

Item	Location	Computation	Cost
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Subtotal: \$\_\_\_\_\_

.....  
*Contracts:* Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole-source contracts in excess of \$100,000.

Item	Cost
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Subtotal: \$\_\_\_\_\_

Total: \$\_\_\_\_\_

Description	Computation	Cost
		<b>Total: \$</b>

**Indirect costs are generally not allowable and requests for such support will be closely scrutinized.** If indirect costs are requested, a copy of the agency's fully-executed, negotiated Federal Rate Approval Agreement must be attached. If the applicant's agency does not have an approval rate, one can be requested by contacting its Cognizant Federal Agency, which will review all documentation and approve a rate for the organization. Alternatively, if the applicant agency's accounting systems permit, costs may be allocated in the direct cost categories.

Description	Computation	Cost
		Total: \$



## Budget Summary

When you have completed the Budget Worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs.

Budget Category	Amount
A. Personnel	\$ _____
B. Fringe Benefits	\$ _____
C. Travel	\$ _____
D. Equipment	\$ _____
E. Supplies	\$ _____
F. Consultants/Contracts	\$ _____
G. Other Costs	\$ _____
Total Direct Costs	\$ _____
H. Indirect Costs	\$ _____
<b>Total Project Costs</b>	<b>\$ _____</b>

Several provisions of Federal law and policy apply to all grant programs. We (**the Office of Community Oriented Policing Services**) need to secure your assurance that you (**the applicant**) will comply with these provisions. If you would like further information about any of the matters on which we seek your assurance, please contact us.

By your authorized representative's signature, you assure us and certify to us that you will comply with all legal and administrative requirements that govern the applicant for acceptance and use of Federal grant funds. In particular, you assure us that:

1. You have been legally and officially authorized by the appropriate governing body (for example, mayor or city council) to apply for this grant and that the persons signing the application and these assurances on your behalf are authorized to do so and to act on your behalf with respect to any issues that may arise during processing of this application.
2. You will comply with the provisions of Federal law which limit certain political activities of your employees whose principal employment is in connection with an activity financed in whole or in part with this grant. These restrictions are set forth in 5 U.S.C. § 1501, et seq.
3. You will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, if they apply to you.
4. You will establish safeguards, if you have not done so already, to prohibit employees from using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
5. You will give the Department of Justice or the Comptroller General access to and the right to examine records and documents related to the grant.
6. You will comply with all requirements imposed by the Department of Justice as a condition or administrative requirement of the grant; with the program guidelines; with the requirements of OMB Circulars A-87 (governing cost calculations) and A-128 or A-133 (governing audits); with the applicable provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended; with 28 CFR Part 66 (Uniform Administrative Requirements); with the provisions of the current edition of the appropriate COPS grant owner's manual; and with all other applicable laws, orders, regulations or circulars.
7. You will, to the extent practicable and consistent with applicable law, seek, recruit and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions in your agency.
8. You will not, on the ground of race, color, religion, national origin, gender, disability or age, unlawfully exclude any person from participation in, deny the benefits of or employment to any person, or subject any person to discrimination in connection with any programs or activities funded in whole or in part with Federal funds. These civil rights requirements are found in the non-discrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. § 3789(d)); Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); Title II, Subtitle A of the Americans with Disabilities Act (ADA) (42 U.S.C. § 12101, et seq.); the Age Discrimination Act of 1975 (42 U.S.C. § 6101, et seq.); and Department of Justice Non-Discrimination Regulations contained in Title 28, Parts 35 and 42 (subparts C, D, E and G) of the Code of Federal Regulations.
- A. In the event that any court or administrative agency makes a finding of discrimination on grounds of race, color, religion, national origin, gender, disability or age against you after a due process hearing, you agree to forward a copy of the finding to the Office of Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, DC 20531.
- B. If you are applying for a grant of \$500,000 or more and Department regulations (28 CFR 42.301 et seq.) require you to submit an Equal Opportunity Employment Plan, you will do so at the time of this application, if you have not done so in the past. If you are applying for a grant of less than \$500,000 and the regulations require you to maintain a Plan on file in your office, you will do so within 120 days of your grant award.
9. You will insure that the facilities under your ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that you will notify us if you are advised by the EPA indicating that a facility to be used in this grant is under consideration for listing by EPA.
10. If your state has established a review and comment procedure under Executive Order 12372 and has selected this program for review, you have made this application available for review by the state Single Point of Contact.
11. You will devise a plan to retain the increased hiring level with state and local funds after the conclusion of your grant.

*I hereby certify compliance with the above assurances that govern the application and use of Federal funds.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements; Coordination with Affected Agencies; Non-Supplanting; and Retention.

Although the Department of Justice has made every effort to simplify the application process, other provisions of Federal law require us to seek your certification regarding certain matters. Applicants should read the regulations cited below and the instructions for certification included in the regulations to understand the requirements and whether they apply to a particular applicant. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)," and the coordination and non-supplanting requirements of the Public Safety Partnership and Community Policing Act of 1994. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered grant.

### 1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

A. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant; the entering into of any cooperative agreement; and the extension, continuation, renewal, amendment or modification of any Federal grant or cooperative agreement;

B. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form — LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

(ii) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing public (Federal, state or local) transaction or contract under a public transaction; violation of Federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(iii) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, state or local) with commission of any of the offenses enumerated in paragraph (A)(ii) of this certification; and

(iv) Have not within a three-year period preceding this application had one or more public transactions (Federal, state or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

### 2. Debarment, Suspension and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 —

A. The applicant certifies that it and its principals:

(i) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a state or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

### 3. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 —

A. The applicant certifies that it will, or will continue to, provide a drug-free workplace by:

(i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(ii) Establishing an on-going drug-free awareness program to inform employees about —

(a) The dangers of drug abuse in the workplace;

(b) The grantee's policy of maintaining a drug-free workplace;

- (c) Any available drug counseling, rehabilitation and employee assistance programs; and
- (d) The penalties that may be imposed upon employees for drug-abuse violations occurring in the workplace;
- (iii) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (i);
- (iv) Notifying the employee in the statement required by paragraph (i) that, as a condition of employment under the grant, the employee will —
- (a) Abide by the terms of the statement; and
- (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (v) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (iv)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: COPS Office, 1100 Vermont Ave., NW, Washington, DC 20530. Notice shall include the identification number(s) of each affected grant;
- (vi) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(b), with respect to any employee who is so convicted —
- (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, state or local health, law enforcement or other appropriate agency;
- (vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v) and (vi).
- B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code)

Check ☐ if there are workplaces on file that are not identified here.

Section 67.630 of the regulations provides that a grantee that is a state may elect to make one certification in each Federal fiscal year, a copy of which should be included with each application for Department of Justice funding. States and state agencies may elect to use OJP Form 4061/7.

Check ☐ if the state has elected to complete OJP Form 4061/7.

#### 4. Coordination

The Public Safety Partnership and Community Policing Act of 1994 requires applicants to certify that there has been appropriate coordination with all agencies that may be affected by the applicant's grant proposal if approved. Affected agencies may include, among others, the Office of the United States Attorney, state or local prosecutors, or correctional agencies. The applicant certifies that there has been appropriate coordination with all affected agencies.

#### 5. Non-Supplanting

The applicant hereby certifies that Federal funds will not be used to replace or supplant state or local funds, or funds supplied by the Bureau of Indian Affairs, that would, in the absence of Federal aid, be made available to or for law enforcement purposes.

#### 6. Retention

The applicant hereby certifies that it understands that it must abide by its submitted plan to retain the additional civilian positions and redeployment levels at the conclusion of the grant period.

Grantee Name and Address: \_\_\_\_\_

Application No. and/or Project Name: \_\_\_\_\_ Grantee IRS/ Vendor Number: \_\_\_\_\_

Typed Name and Title of Law Enforcement Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*As the duly authorized representative of the governing body, I hereby certify that the I am binding the governing body to the above certifications, including the plan to retain. Elections of new officials will not relieve the governing body of its obligations under this grant.*

Typed Name and Title of Government Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District number, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting registrant identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full name(s) of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title and telephone number.

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20530.*

# Disclosure of Lobbying Activities

Approved by OMB  
O348-0046  
(as amended)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for instructions and public burden disclosure)

<b>1. Type of Federal Action:</b> _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		<b>2. Status of Federal Action:</b> _____ a. bid/offer/application b. initial award c. post-award		<b>3. Report Type:</b> _____ a. initial filing b. material change  <i>For Material Change Only:</i> Year: _____ Quarter: _____ Date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District (number), if known: _____			<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District (number), if known: _____		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b> CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>			<b>10. b. Individuals Performing Services</b> <i>(including address if different from No.10a)</i> <i>(last name, first name, MI):</i>		
<b>11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>			Signature: _____  Print Name: _____  Title: _____  Telephone No.: _____ Date: _____		

Federal Use Only:

Authorized for Local Reproduction, Standard Form - LLL